

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038452

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2919

STATE FILE NUMBER

F. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN

Length of stay in 1b

1 1/2 years

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1004 Farmview Dr.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY
OR TOWN

d. STREET ADDRESS (If outside, give location)
1004 Farmview

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

AMANDA

SANGUINET

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/29/1893

9. AGE (last birthday)

70 years

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

HOME

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Albert Gruenert

13b. MOTHER'S MAIDEN NAME

Augusta Gruenegal

14. NAME OF HUSBAND OR WIFE

Joseph Sanguinet

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Arlene Burkett - 1004 Farmview Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis 4/20/1

INTERVAL BETWEEN ONSET AND DEATH

1/2 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive heart disease 4/13

11 years.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rt. hemiplegia and Speech Loss.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/14/52 to 9/17/63 and last saw her alive on 9/15/63
Death occurred at 11:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Norman A. Jones M.D.

22b. ADDRESS

8321 N. Broadway St. Louis 47, Mo.

22c. DATE SIGNED

9/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE

Sept 20, 1963

23c. NAME OF CEMETERY OR CREMATORY

New Bethlehem Cemetery

23d. LOCATION (City, town, or county)

St. Louis County Missouri

24. FUNERAL DIRECTOR

ADDRESS

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

25. DATE RECD. BY LOCAL REG.

9-19-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 4000

2 4000

3 2

4 1

5 2

6

7 0

8 2

9 4201

10

11

12 90-0

13

St. Louis Missouri

St. Louis

1 1/2 years

1000 Farmview Dr.

1000 Farmview Dr.

SAINT LOUIS

MISSOURI

September 17 1923

3/25/1923 70 years

x

white

female

St. Louis, Missouri U. S. A.

housewife

Joseph Sargent

Augusta Krenzel

Albert Ginnert

Alene Burnett - 1000 Farmview Dr.

None

No

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4557

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Missouri

St. Louis County

New Bethlehem Cemetery Sept 20, 1923

buried

BROOKS FORTUNE-2281 W. Florissant Ave